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**REVOCATION AND POWER OF ATTORNEY WITH
NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the applications identified below. Furthermore, I hereby appoint the practitioners at Customer Number **41230**.

Please change the correspondence address for the following applications to the address associated with Customer Number **41230**.

Attorney Docket No.	Application No. / Patent No.	Filing Date / Issue Date
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I am the authorized legal representative for the assignee of record of the entire interest.
See 37 C.F.R. § 3.71. A Statement Under 37 C.F.R. § 3.73(b) is enclosed.

Signature of Assignee of Record:

Signature: _____

Name: Jeffrey G. Knoll

Date: 6/27/11

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*Total of 1 form is submitted.